

DEFENSE FINANCE AND ACCOUNTING SERVICE
ROME OPERATING LOCATION
325 BROOKS ROAD
ROME, NEW YORK 13441-4527

DFAS-RO/F

April 18, 2000

MEMORANDUM FOR DISTRIBUTION LIST

SUBJECT: Change to Vendor Pay Receiving Report Requirements

Effective immediately, we will return receiving reports that contain altered or missing information. This is to achieve compliance with the Federal Acquisition Regulation (FAR). Attached at Tab a is a copy of correspondence from DFAS to ASAFM plus related policy messages.

The FAR has long required a list of specific information be included on receiving reports to ensure they be deemed valid and legally sufficient to substantiate invoice payments. These requirements have not been aggressively enforced in the past. However, increased Congressional interest in our contract and vendor pay operations, coupled with our increased efforts to improve internal controls, have caused both DFAS and its customers to enforce these strict guidelines.

In our partnership, we have achieved tremendous success in paying vendors on time. We share your concern on the potential increase in interest penalties and lost discounts that could occur with the implementation of this mandate. With this mandate, the focus now shifts to the quality of input from the receiving activity. To expedite this shift, we request that you provide a copy of this package to your receiving activities. Please reinforce the seriousness of this mandate in other forums within the command groups and other directorates at your installation.

We recognize that you will need visibility on the impact of this change. Our Vendor Pay Branch will mail/email the Director of Contracting and the Director of Resource Management a weekly summary of returned receiving reports.

We are prepared to help anyway we can. Included in this package is our receiving report SOP (Tab b). At Tab c, we have included our memorandum for returned receiving reports. We recommend that receiving activities use this as a checklist to reduce the chance that a receiving report will be returned. We encourage receiving personnel to call us if they have questions regarding receiving report preparation. We have provided a listing of Rome POCs to answer questions for your installation at Tab d.

Your strong support and assistance is appreciated. Ms Anne Bell, Branch Chief Vendor Pay, 315-330-6881 or FAX 6880 and I welcome your feedback or questions concerning this change. My phone number is 315-330-6600 (DSN 220).

/s/

R.W. Welcher
Deputy Director for Finance

ATCHS:

1. Distribution List
2. Tabs a-d

DISTRIBUTION LIST – DIRECTORATE OF CONTRACTING
(DOC)

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DEFENSE FINANCE AND ACCOUNTING SERVICE
INDIANAPOLIS CENTER
INDIANAPOLIS, IN 46249

FEB 02 1999

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY (FINANCIAL OPERATIONS), OASA(FM&C)

SUBJECT: Vendor Pay Receiving Report Requirements

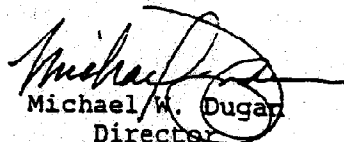
The purpose of this memorandum is to advise you of the increased emphasis being focused on receiving report requirements to substantiate invoice payments received by the designated payment office.

We previously issued Vendor Pay Policy Message 98-23, dated April 27, 1998, which prescribed requirements to formally document receipt of goods or services, and instructed vendor pay offices to return receiving reports if they did not meet the requirements of the Federal Acquisition Regulation (FAR) 32.905, F and Defense Finance Accounting Service-Indianapolis (DFAS-IN) 37-1 Chapter 20-23 through 20-26 and Appendix G. We also issued Vendor Pay Policy Message 98-42, dated September 14, 1998, which discussed actions to be taken when dealing with suspected altered documents.

Our payment offices have been reluctant to reject receiving reports not meeting the above requirements, because of the impact on workload, lost discounts and additional interest payments. However, the increased Congressional interest in contract and vendor pay irregularities, coupled with our continued efforts to reduce the incidence of fraud and waste, have caused us once again to focus on this sensitive area.

Therefore, we plan to reject all receiving reports received on or after March 1, 1999, that do not meet FAR requirements. We need your assistance in ensuring that our Army customers are aware of the requirements for valid receiving reports and are aware of our actions.

My point of contact is Ms. Janice E. Richey, 317-510-3151.


Michael W. Dugan
Director

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FM DFAS CENTER INDIANAPOLIS IN//AQA//

TO AIG 9181

AIG 9182

AIG 12100

AIG 12525

DLA FT BELVOIR//DLS-CFF

CDR USASSI FT JACKSON SC

BT

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MSGID/GENADMIN/DFAS-IN-AQA//

SUBJ/RECEIVING REPORTS, VENDOR PAY POLICY MESSAGE 98-23//

RMKS/

REFERENCE: A: DFAS-IN 37-1, 20-23 THROUGH 20-26 AND APPENDIX G.

B: FAR 32.905,F

1. PLEASE ENSURE THE FOLLOWING PROCEDURES ON RECEIVING REPORTS ARE IN EFFECT AT DFAS-IN OPLOC'S, DAO'S, POSTS, CAMPS, AND STATIONS. ENSURING THESE PROCEDURES ARE IN PLACE WILL STRENGTHEN OUR INTERNAL CONTROLS, ENSURE SUFFICIENT INFORMATION APPEARS ON EACH RECEIVING REPORT TO VALIDATE THE REQUESTED PAYMENT IS FOR THE SPECIFIC GOODS OR SERVICES ORDERED, AND ASSIST IN DETERMINING THE PROPER DUE DATE FOR PAYMENT.

2. ALL INVOICE PAYMENTS SHALL BE SUPPORTED BY A RECEIVING REPORT OR OTHER APPROPRIATE GOVERNMENT DOCUMENTATION AUTHORIZING PAYMENT. THE AGENCY RECEIVING OFFICIAL SHOULD FORWARD THE RECEIVING REPORT OR OTHER GOVERNMENT DOCUMENTATION TO THE DESIGNATED PAYMENT OFFICE BY THE 5TH WORKING DAY AFTER GOVERNMENT ACCEPTANCE OR APPROVAL.

3. WHEN AN INVOICE IS RECEIVED FROM THE VENDOR AND A RECEIVING REPORT HAS NOT BEEN RECEIVED WITHIN 7 CALENDAR DAYS AFTER THE VENDOR DELIVERS OR COMPLETES SERVICE PERFORMANCE ACCORDING TO CONTRACT TERMS AND CONDITIONS THEN CONSTRUCTIVE ACCEPTANCE WILL OCCUR. THE PAYMENT DUE DATE AND ANY INTEREST PENALTIES WILL BE BASED UPON THE CONSTRUCTIVE ACCEPTANCE DATE. FOR PURPOSES OF DETERMINING A PAYMENT DUE DATE AND WHEN INTEREST STARTS TO ACCRUE, ACCEPTANCE IS DEEMED TO OCCUR SEVEN DAYS AFTER DELIVERY OR SERVICES ARE COMPLETED. THE SEVEN DAY CONSTRUCTIVE ACCEPTANCE IS USED FOR PROCUREMENT DOCUMENTS AWARDED ON OR AFTER 1 APRIL, 1989. A FIVE WORKING DAY CONSTRUCTIVE ACCEPTANCE PERIOD IS USED ON CONTRACTS AWARDED ON OR BEFORE 31 MARCH, 1989. IN THE EVENT ACTUAL ACCEPTANCE OCCURS WITHIN THE SEVEN DAYS AFTER THE VENDOR DELIVERS OR COMPLETES SERVICE PERFORMANCE, THE PAYMENT PERIOD STARTS BASED ON ACTUAL, NOT CONSTRUCTIVE ACCEPTANCE.

4. ALL DOCUMENTS USED TO PROVIDE CERTIFICATION OF RECEIPT AND ACCEPTANCE OF GOODS OR SERVICES MUST MEET THE MINIMUM REQUIREMENTS WHICH INCLUDE THE FOLLOWING:

A. CONTRACT NUMBER OR PURCHASE ORDER NUMBER.

B. ADEQUATE DESCRIPTION OF SUPPLIES DELIVERED OR SERVICES PERFORMED, INCLUDING THE CONTRACT LINE NUMBER APPLICABLE, TO ENSURE IDENTIFICATION TO CONTRACTUAL REQUIREMENTS.

C. QUANTITIES OF SUPPLIES OR SERVICES RECEIVED OR PERFORMED.

D. DATE SUPPLIES DELIVERED OR SERVICES PERFORMED.

E. DATE SUPPLIES OR SERVICES WERE ACCEPTED BY THE DESIGNATED GOVERNMENT OFFICIAL.

F. SIGNATURE OF GOVERNMENT OFFICIAL AUTHORIZED TO RECEIVE SUPPLIES OR SERVICES.

G. PRINTED NAME, TITLE, MAILING ADDRESS, AND TELEPHONE
NUMBER OF DESIGNATED GOVERNMENT OFFICIAL RESPONSIBLE FOR
ACCEPTANCE OR APPROVAL FUNCTIONS.

H. "RECEIVED/ACCEPTED"

I. IF THE CONTRACT PROVIDES FOR THE USE OF GOVERNMENT
CERTIFIED INVOICES IN LIEU OF A SEPARATE RECEIVING REPORT, THE
INVOICE ALSO MUST CONTAIN THE INFORMATION DESCRIBED AS MINIMUM
REQUIREMENTS FOR A RECEIVING REPORT (4 A-H).

J. LOCALLY DEVISED DOCUMENTS MAY BE USED IF THE MINIMUM
INFORMATION REQUIREMENTS FOR A RECEIVING REPORT (4 A-H) ARE MET.
THE CAPS REQUEST FOR RECEIVING REPORT DOES NOT MEET THE MINIMUM
REQUIREMENTS FOR A RECEIVING REPORT. IF THE CAPS REQUEST FOR
RECEIVING REPORT IS USED AS A RECEIVING REPORT, THE RECEIVING
ACTIVITY MUST ADD THE INFORMATION REQUIRED ON THE MINIMUM
REQUIREMENTS.

5. POC IS SHERRY CLARK COML. 317 510 5378, DSN 699.//

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#8392

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ZNR UUUUU

R 141608Z SEP 98 ZYB

FM DFAS CENTER INDIANAPOLIS IN

TO AIG 9181

AIG 9182

AIG 9184

AIG 12100

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MSGID/GENADMIN/DFAS-IN-AQA//

SUBJ/PROCEDURES FOR PROCESSING ALTERED DOCUMENTS

/(VENDOR PAY MSG 98-42)//

RMKS/

1. DFAS-HQ HAS BEEN MADE AWARE OF THE HIGH FREQUENCY OF ACCEPTANCE OF ALTERED DOCUMENTS USED TO SUPPORT PAYMENT VOUCHERS AND THE INCREASED RISK OF FRAUD BASED ON THOSE ALTERED DOCUMENTS. ALL DOCUMENTS RECEIVED IN VENDOR PAY OFFICES, AND THOSE MAINTAINED AT THE INSTALLATION, THAT ARE USED TO SUPPORT PAYMENTS (INCLUDING OBLIGATIONS, INVOICES, AND RECEIVING AND ACCEPTANCE REPORTS) MUST BE EXAMINED TO DETECT ALTERATIONS. IN THIS REGARD, MAINTAIN ORGANIZATIONAL (COMMAND), FUNCTIONAL AREA, AND INDIVIDUAL LEVELS OF RESPONSIBILITY/ACCOUNTABILITY FOR EACH PHASE INVOLVED IN THE OVERALL PROCESS (E.G., PREPARATION, APPROVAL, PROCESSING, CERTIFICATION, AND RECORD RETENTION) TO ENSURE INTERNAL CONTROLS ARE IN PLACE AND WORKING AS INTENDED.

2. IMPROPER ALTERATIONS INCLUDE BUT ARE NOT LIMITED TO:

A. WHITE OUT. POSSIBLY A BUILD UP OF WHITE-OUT ON AMOUNTS, VENDOR NAME AND ADDRESS.

B. TAPING. DARK STRAIGHT LINES FROM CORRECTION TAPE AFTER MAKING A COPY.

C. CUTTING AND PASTING. DARK LINES FROM THE TAPE PLACED ON THE ORIGINAL.

D. FACSIMILE COPIES. FACSIMILE DOCUMENTS ARE ACCEPTABLE BUT CARE MUST BE TAKEN TO ENSURE THE FAX OR COPY PROCESS IS NOT USED TO OBSCURE IMPROPER ALTERATIONS.

E. FONT CHANGE. IF THE FONT COULD NOT BE MATCHED, LOOK FOR SPACING AND SIZE DIFFERENCE.

3. A PROPER REVISION TO A HARD COPY DOCUMENT IS MADE BY DRAWING A LINE THROUGH THE INCORRECT INFORMATION, THEN ADDING THE CORRECT INFORMATION. THE DRAWN LINE SHOULD NOT OBLITERATE THE ORIGINAL DATA. REVISIONS MUST BE INITIALED BY THE INDIVIDUAL MAKING THE CHANGES.

4. CHANGES TO ELECTRONICALLY SUBMITTED DOCUMENTS ARE ACCOMPLISHED VIA CANCELLATION OF THE ORIGINAL SUBMISSION AND SUBMISSION OF THE REVISED DOCUMENT. ALL HARD COPY DOCUMENTS RETAINED AT THE SOURCE MUST CONTAIN INFORMATION IDENTICAL TO WHAT WAS ELECTRONICALLY SUBMITTED.

5. DOCUMENTS THAT APPEAR TO BE ALTERED SHOULD BE FURTHER EXAMINED FOR POSSIBLE FRAUDULENT INTENT. IF FRAUD IS SUSPECTED, TAKE THE DOCUMENT IMMEDIATELY TO THE VENDOR PAY SUPERVISOR (WITHIN 4 HOURS).

A. IF THE VENDOR PAY SUPERVISOR DETERMINES FRAUD WAS NOT INTENDED, RETURN THE DOCUMENT TO THE SUBMITTER WITH AN EXPLANATION FOR RETURN. FOR GUIDANCE ON RETURNING INVOICES, SEE DODFMR, VOL 10, CHAPTER 070201(J).

B. IF THE VENDOR PAY SUPERVISOR DETERMINES FRAUDULENT INTENT EXISTS (WITHIN 24 HOURS OF RECEIVING DOCUMENT FROM

TECHNICIAN), TAKE DOCUMENT TO THE CHIEF, VENDOR PAY FOR REVIEW.

(1) IF NO FRAUD IS SUSPECTED, RETURN DOCUMENT TO SUBMITTER WITH EXPLANATION FOR RETURN.

(2) IF FRAUD IS SUSPECTED, CHIEF VENDOR PAY WILL ELEVATE THROUGH THE CHAIN OF COMMAND TO THE OPLOC DIRECTOR, COMMANDER, OR APPROPRIATE INDIVIDUALS. RETAIN AND SAFEGUARD DOCUMENTS. COORDINATE WITH SENIOR MANAGERS OF THE CUSTOMER INVOLVED. SUBMIT A SITUATION REPORT TO DFAS-IN-CCC AND THE OFFICE OF GENERAL COUNSEL FOR THEIR REVIEW AND ACTION WITH THE DFAS-IN LEADERSHIP. THIS WILL BE DONE BEFORE ANY REFERRAL TO THE DEFENSE CRIMINAL INVESTIGATIVE SERVICE.

6. THE PROMPT PAYMENT ACT CLOCK DOES NOT STOP DURING THIS PROCESS UNLESS AN INVOICE IS DETERMINED TO BE INVALID, OR IMPROPER AND RETURNED. THE INVOICE SHOULD BE RETURNED WITHIN THE SEVEN DAY WINDOW FROM RECEIPT.

7. THIS MESSAGE WAS COORDINATED WITH USAFINCOM.

8. POC IS VICKY FISHER, 317-510-5392, OR SHERRY CLARK, 317-510-5378.//

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Standard Operating Procedures

RECEIVING REPORTS

(For Receiving Activities)

Receipt of Supplies or Services:

Receiving/Acceptance Reports:

After the supplies are delivered or the non-personal services are performed IAW the procurement document, the authorized Government representative must prepare a receiving report or a certification of performance and send it to:

Defense Finance & Accounting Service
DFAS-RO/FPV
325 Brooks Road
Rome New York 13441-4527

Discrepancies in the goods received or the services performed must be annotated on receiving reports.

All receiving reports and certificates must have TWO DATES:

(1) The date the goods were delivered or the services were completed and, (2) the date the goods or services were accepted as conforming to procurement document specifications. Receipt and acceptance of services are usually evidenced by a signed "received and accepted" statement on an invoice, a receiving report form, a separate sheet of paper, a delivery ticket, or on a payment voucher. A certificate of receipt or acceptance can be used for goods as well as for services. When a certificate for receipt and acceptance is used either for services or for merchandise, the responsible official certifies to the following statement:

"I certify that the (services or goods)
were received and accepted on (**day, month, year**)
as conforming to specifications on contract/purchase order.
Printed name, title, mailing address and telephone number"

(...signature...)
(..date..)

Payment cannot be made until the Government representative has actually certified the acceptance of the goods or services. Supply regulations dictate that receiving reports or certificates of receipt and acceptance must reach the paying office (DFAS-Rome) by COB on the 5th day after delivery. For charge back purposes on interest payments, a receiving report is considered "**late**" if it does not reach DFAS-Rome by COB on the day that is one-half of the payment period -i.e., received by the 15th calendar day on a 30-day timeframe for payment, 5 or more days on a 10-day payment, etc. If interest occurs because of late documentation submission (receiving reports) to the DFAS-Rome, then the interest is charged against the mission funds of the activity at fault.

Receiving reports must contain the following when certifying receipt and acceptance of goods or services:

- a. Contract number/purchase order number.
- b. Adequate description of supplies delivered or services performed to

include the contract/purchase order CLIN number applicable.

- c. **Specify quantities of supplies or services received or performed. When using DD 250 blocks, 15, 16, 17, 18, 19, 20, 21B and 22 must be completed.**
- d. **Date supplies delivered or services performed, receipt date.**
- e. **Date supplies or services were accepted by the designated government official, acceptance date. Receipt and acceptance dates are separate events but may be accomplished on the same date; however both, need dates.**
- f. Signature of government official authorized to accept supplies or services.
- g. Printed name, phone number, title and mailing (or electronic) address.

When using the DD Form 250, DD Form 1155, SF 1449 or similar forms as the receiving report ensure that:

- 1) Form DD1155: Printed name, telephone number, title, and signature in block 26 of authorized government official and check received and acceptance blocks; block 27 (check partial/final) and complete blocks 38 and 39. (Note: if ship to address is the same as in block 14, no need to include in block 26).
 - 2) SF1449: Block 32a (check received/accepted blocks); block 32b (printed name, telephone number, title, and signature) of official authorized to accept supplies/services; block 32c (date supplies/services accepted); block 33 (check partial/final); 42a (printed name of receiver); 42c (date supplies/services received).
 - 3) Form DD250: Block 13 (shipped to address); block 15 (line item taken from contract order/purchase order); block 16 (item description); block 17 (quantity received); block 18 (unit); block 19 (unit price); block 20 (amount); block 21B (printed name, telephone number, title, date and signature of authorized government official); block 22 (printed name and date received of government official authorized to receive goods/services).
- h. If the contract/purchase order provides for use of Government Certified Invoices in lieu of a separate receiving report the following statement signed by a responsible official may be used as acceptance of goods/services instead of an official form. "I certify that the goods/services have been received and accepted on (day, month, year)." This statement may be on an invoice, delivery ticket, voucher or separate paper and must contain items a - g..
 - i. When using the DD Form 250, DD Form 1155, SF Form 1449, or similar forms as the receiving report ensure that:
 - (1) The both receipt and acceptance blocks are complete. If the receipt block is the only one marked, signed and dated, payment cannot be made. Acceptance must occur prior to the payment being made (other than fast pay).
 - (2) The received, inspected and accepted blocks are all checked. If only one date is annotated, you must obtain the missing data (requires two dates) in order for the receiving report to be acceptable for payment.
 - (3) The receiving reports meet minimum FAR requirements. Those receiving reports which do not meet minimum FAR requirements, will be returned and payment will not be made.

- h. Documents will be returned due to improper alterations (i.e., white out; taping; cutting and pasting etc.) A proper revision to a hard copy document is made by drawing a line thru the incorrect information. The drawn line should not obliterate the original data. Revisions must be initialed by the individual making the change.

Defense Finance and Accounting Service-Rome
DFAS-RO/FPV
325 Brooks Road
Rome, New York 13441-4527

For more information or questions related to this letter, contact the Vendor Pay customer Service department at 1-800-553-0527.

Recurring Receiving Report:

DFAS-Rome accepts recurring reports for the most maintenance where service is performed and paid for on a monthly basis. The first month services are rendered, the vendor will send the invoice to the paying office. The receiving activity must complete a DD Form 250 or DD Form 1155 at the end of the first month. The paying office will forward the attached letter (attachment 1) to the certifying officer. Certifying officer will sign the letter and return it to the paying office.

Every month following the receipt of the invoice from vendor, the paying office will make an Electronic Funds Transfer (EFT) payment to the vendor. The final month of services the receiving activity must complete a DD Form 250 or DD Form 1155 and submit it as a final payment.

Other helpful items:

Duty phone number and POC. In case more information is required.

The attached sample DD Form 250, Material Inspection and Receiving Report, illustrates the fields required when completing the receiving report. Use of DD 250s for partial shipments are recommended.

The receiving reports for first, partial and final shipments, may be processed on DD Form 1155, (Order for Supplies and Services). If the DD Form 1155 is used for partial payments, please make copies of the original and use these copies to annotate quantity received on current shipment only.

Attachments 2-4 are samples of these forms.

Questions regarding the completion of a receiving report may be directed to Vendor Pay Customer Service at 1-800-553-0527, COM (315) 330-6870/6871 or DSN prefix 220.

7 Attachments

1. Recurring Receiving Report letter
2. Sample DD Form 250, 1st & final
3. Sample DD Form 1155, 1st & final
4. Sample DD Form 250, 1st & partial
5. Sample DD Form 1155, 1st & partial
6. Sample SF Form 1449, 1st & partial
7. Sample SF Form 1449, 1st & final

DEFENSE FINANCE AND ACCOUNTING SERVICE
ROME OPERATING LOCATION
325 BROOKS ROAD
ROME, NEW YORK 13441-4527

MEMORANDUM FOR

SUBJECT: Receiving Report Procedures on Recurring Payments

ref: Contract/Purchase Order Number _____.

A review of your Contract/Purchase Order for goods and services requires that we pay the same amount each month. We will automatically make these payments upon receipt of vendor's invoice without a monthly receiving report under the following conditions:

- a. you inform DFAS-Rome immediately if there is any change in vendor performance.
- b. you provide DFAS-Rome with a receiving report at the end of the first monthly payment and another receiving report at the end of contract/purchase order period to cover the second through the last billing.

If this office does not receive notification from you within 30 days after receipt of this letter, we will require that a receiving report be submitted on a regular basis IAW Prompt Payment Act. If not received in a timely manner interest will be charged to the activity concerned. Late receiving and acceptance reports result in an interest penalty.

Please sign certifying officer block below and return a copy of this letter to the following address:

Defense Finance and Accounting Service
DFAS-RO/FPV (Vendor Pay)
325 Brooks Rd.
Rome NY 13441-4527

Any questions please contact Customer Service at 1-800-553-0527 or COM (315) 330-6870/6871.

Anne Bell
Branch Chief, Vendor Pay

The signature below certifies that I will follow the guidance of this letter.

SIGNATURE AND TITLE OF CERTIFYING OFFICER

DATE

PRINTED NAME

MAILING ADDRESS

TELEPHONE NO.

Attachment 1

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved
OMB No. 0704-0248

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROC. INSTRUMENT IDEN. (CONTRACT) DAKF27-90-M-XXXX		2. ORDER NO.	3. INVOICE NO./DATE	4. PAGE 1	5. OF 1	6. ACCEPTANCE POINT
7. SHIPMENT NO. 1st final	8. DATE SHIPPED	9. B/L TCN		10. DISCOUNT TERMS NET 30		
11. PRIME CONTRACTOR Vendor's Name Vendor's Address			12. ADMINISTERED BY Contracting Office Contracting Address			
13. SHIPPED FROM (if other than 8) CODE			14. PAYMENT WILL BE MADE BY DFAS-Rome/FPV 325 Brooks Road Rome New York 13441-4527			
15. SHIPPED TO Receiving Activity's Name Address Telephone Number			16. MARKED FOR CODE			

17. ITEM NO.	18. STOCK/PART NO. <small>(Indicate number of shipping containers - type of container - container number.)</small>	19. DESCRIPTION	20. QUANTITY SHIP/REC'D*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0000		Item Description Requisition # (14 positions)	0.00	0	0.000	0.00
0001		Reglan 10 MG 500 ML W23A74-0061-8003	15.00	bt	4.500	67.50
0002		Bactrim 473 ML W23A74-0061-8001	50.00	bt	3.500	175.00

24. CONTRACT QUALITY ASSURANCE		25. RECEIVER'S USE	
<p>A. ORIGIN</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items</p> <p>has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>DATE: _____ SIGNATURE OF AUTH GOVT REP: _____</p> <p>TYPED NAME AND OFFICE: _____</p>		<p>B. DESTINATION</p> <p><input type="checkbox"/> CQA <input checked="" type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>DATE: 2/10/00 SIGNATURE OF AUTH GOVT REP: _____</p> <p>TYPED NAME AND OFFICE: John Doc Chief, Dol Div 910-445-5555</p>	
		<p>Quantities shown in column 17 were received in apparent good condition except as noted.</p> <p>DATE RECEIVED: 2/7/00 SIGNATURE OF AUTH GOVT REP: (Signature Not Required)</p> <p>TYPED NAME AND OFFICE: Michael Myers Dol Supply Div</p> <p>* If quantity received by the Government is the same as quantity shipped, indicate by () mark; if different, enter actual quantity received below quantity shipped and encircle.</p>	

26. CONTRACTOR USE ONLY

NOTE: (Use DD 250 when activity is receiver of vendors invoice. This receiving report reflects a final delivery).

DD FORM 250, NOV 92 (EG)

Previous edition may be used.

Designed using Perform Pro, WHS/DIOR, Nov 95

Attachment 2

ORDER FOR SUPPLIES OR SERVICES							PAGE 1 OF 1					
1. CONTRACT/PURCH ORDER/AGREEMENT NO. DAKF27-90-M-XXXX		2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO. See Schedule		5. PRIORITY				
6. ISSUED BY Contracting Office Contracting Address		CODE		7. ADMINISTERED BY (If other than 6)		CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)				
9. CONTRACTOR NAME AND ADDRESS Abe's Sporting Goods 7001 Main Street Annapolis MD 21401		CODE		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) 2000Apr15		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
						12. DISCOUNT TERMS NET 30		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15				
14. SHIP TO DOL - Supply & Services Div Bldg. T-19 Ft Meade MD 20755		CODE		15. PAYMENT WILL BE MADE BY DFAS-Rome/FPV 325 Brooks Road Rome New York 13441-4527		CODE		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.				
16. TYPE OF ORDER DELIVERY/ CALL PURCHASE		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)						
If this box is marked, supplier must sign Acceptance and return the following number of copies:												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21X4991.0276 76 Mat Cat V S18043												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
1.		Adhesive Tape - porous 2" W23A7C-006103001			4.0000		CS		\$38.50000		\$154.00	
2.		Softballs - Stock #34 W23A7C-0061-5003			50.0000		ca		\$1.10000		\$55.00	
3		Base pads - Stock #N71			60.0000		ea		\$8.40000		\$504.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: I.M. Byer CONTRACTING/ORDERING OFFICER				25. TOTAL \$713.00		29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO. <input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR		
2/10/00 John Doe DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER		35. BILL OF LADING NO.		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				37. RECEIVED AT Michael Myers		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD) 2000Feb10		40. TOTAL CONTAINERS		
				41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.						

DD FORM 1155, JAN 1998 (EG)

PREVIOUS EDITION MAY BE USED.
Attachment 3

MATERIAL INSPECTION AND RECEIVING REPORT						Form Approved OMB No. 0704-0246	
<small>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0246), Washington DC 20503.</small>							
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.							
1. PROC. INSTRUMENT IDEN. (CONTRACT) DAKF27-90-M-XXXX			(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE 1 OF 1
2. SHIPMENT NO. 1st Partial		3. DATE SHIPPED		4. B/L TCN		5. DISCOUNT TERMS 2% 20 days NET 30	
9. PRIME CONTRACTOR Vendor's Name Vendor's Address				10. ADMINISTERED BY Contracting Office Contracting Address			
11. SHIPPED FROM (if other than 9) 				12. PAYMENT WILL BE MADE BY DFAS-Rome/FPV 325 Brooks Road Rome New York 13441-4527			
13. SHIPPED TO 				14. MARKED FOR 			
15. ITEM NO.	16. STOCK/PART NO. <small>(Indicate number of shipping containers - type of container - container number.)</small>			DESCRIPTION	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE
0000	Item Description Requisition # (14 positions)				0.00	0	0.000
0001	Paper, Computer - Stock #117362 W23A75-7236-0611				100.00	bx	2.150
0002	Paper, Copier - Stock #118110 W23A75-7236-0613				200.00	bx	10.180
20. AMOUNT 0.00 215.00 2,036.00							
21. CONTRACT QUALITY ASSURANCE						22. RECEIVER'S USE	
A. ORIGIN <input type="checkbox"/> COA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.			B. DESTINATION <input type="checkbox"/> COA <input checked="" type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.			Quantities shown in column 17 were received in apparent good condition except as noted. 2/1/00 DATE RECEIVED	
DATE SIGNATURE OF AUTH GOVT REP			DATE SIGNATURE OF AUTH GOVT REP			SIGNATURE OF AUTH GOVT REP Michael Myers TYPED NAME AND OFFICE Dol Supply Div	
TYPED NAME AND OFFICE			TYPED NAME AND TITLE John Doe Chief, Dol Div 910-445-5555			* If quantity received by the Government is the same as quantity shipped, indicate by () mark; if different, enter actual quantity received below quantity shipped and encircle.	
23. CONTRACTOR USE ONLY NOTE: (Use DD 250 when activity is receiver of vendors invoice. This receiving report reflects a partial delivery).							

DD FORM 250, NOV 92 (EG)

Previous edition may be used.

Designed using Perform Pro, WHS/DIOR, Nov 95

Attachment 4

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF 1							
1. CONTRACT/PURCH ORDER/AGREEMENT NO. DAKF27-90-M-XXXX		2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO. See Schedule		5. PRIORITY				
6. ISSUED BY Contracting Office Contracting Address			7. ADMINISTERED BY (If other than 6)		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)							
9. CONTRACTOR NAME AND ADDRESS Abe's Sporting Goods 7001 Main Street Annapolis MD 21401			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) 2000Apr15		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS NET 30					
					13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15							
14. SHIP TO DOL - Supply & Services Div Bldg. T-19 Ft Meade MD 20755			15. PAYMENT WILL BE MADE BY DFAS-Rome/FPV 325 Brooks Road Rome New York 13441-4527		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.							
16. DELIVERY/ CALL TYPE OF ORDER		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.										
PURCHASE		Reference your furnish the following on terms specified herein.										
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.												
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)						
If this box is marked, supplier must sign Acceptance and return the following number of copies:												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21X4991.0276 76 Mat Cat V S18043												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
1.		Adhesive Tape - porous 2" "Rec'd 1st shp" 4/20/** W23A7C-006105001			4.0000		cs		\$38.50000		\$154.00	
2.		Softballs - Stock #34 "Rec'd 2d shp" 4/30/** W23A7C-0061-5003			50.0000		ea		\$1.10000		\$55.00	
3.		Base pads - Stock #N71			60.0000		ea		\$8.40000		\$504.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: I.M. Byer CONTRACTING/ORDERING OFFICER				25. TOTAL \$713.00		29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO. <input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR		
2/02/00 John Doe, Chief DOL 315-448-0100 DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER		35. BILL OF LADING NO.		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				37. RECEIVED AT		38. RECEIVED BY (Print) Michael Myers		39. DATE RECEIVED (YYYYMMDD) 2000Feb02		40. TOTAL CONTAINERS		
				41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.						

DD FORM 1155, JAN 1998 (EG)

PREVIOUS EDITION MAY BE USED.

Attachment 5

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>				1. REQUISITION NUMBER		PAGE OF	
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL		a. NAME		b. TELEPHONE NUMBER (No Collect Calls)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY CODE		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: %FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADV. BUSINESS <input type="checkbox"/> 8(A) SIC: 5045 SIZE STANDARD:		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE <input checked="" type="checkbox"/> 13 a. THIS CONTRACT IS A RATED ORDER <input checked="" type="checkbox"/> UNDER DPAS (15 CFR 700) 13 b. RATING S10 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		12. DISCOUNT TERMS 00.000% Days 0 Net 30	
TEL: FAX:		SAMPLE		15. DELIVER TO CODE FM00065B USACHL&MPCEN&FM Internal Review & Audit Com ATTN: ATZN-IR, Bldg. 65 Fort McClellan AL 36205-5000		16. ADMINISTERED BY CODE DABT02 USACHL&MPCEN&FM Directorate of Contracting ATZN-DC, Bldg. 241C Fort McClellan AL 36205-5000	
17 a. CONTRACTOR/ OFFEROR CODE 001252 FACILITY CODE NITELINES USA INC 1205 Commercial Park Drive Tallahassee FL 32303 TELEPHONE NO. 904-386-1493		18 a. PAYMENT WILL BE MADE BY CODE S01088 DFAS-ROME /FPV 325 BROOKS ROAD Phone: 800-553-0527 ROME, NY 13441-4527		17 b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18 b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18 a. UNLESS BLOCK BELOW IS CHECKED <input checked="" type="checkbox"/> SEE ADDENDUM	
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/ SERVICES		21 QUANTITY		22. UNIT	
		(Attach additional sheets as necessary)				23. UNIT PRICE	
						24. AMOUNT	
25. ACCOUNTING AND APPROPRIATION DATA				Award Oblig Amt US\$ 0.00		26. TOTAL AWARD AMOUNT	
27 a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED.				ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
<input checked="" type="checkbox"/> 27 b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED.				ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <input type="checkbox"/> TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				29. AWARD OF CONTRACT: REFERENCE <input type="checkbox"/> OFFER DATED . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30 a. SIGNATURE OF OFFEROR/CONTRACTOR				31 a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30 b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30 c. DATE SIGNED		31 b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) Diane C. Israel m04		31 c. DATE SIGNED	
32 a. QUANTITY IN COLUMN 21 HAS BEEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED				33. SHIP NUMBER		34. VOUCHER NUMBER	
				<input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		35. AMOUNT VERIFIED CORRECT FOR	
32 b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE John Doe/Chief of Supply Div 910-445-5555		32 c. DATE 2/10/00		36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		37. CHECK NUMBER	
41 a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT				38. S/R ACCOUNT NUMBER		39. S/R VOUCHER NUMBER	
41 b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41 c. DATE		42a. RECEIVED BY (Print) Michael Myers		40. PAID BY	
				42b. RECEIVED AT (Location)			
				42c. DATE REC'D (YY/MM/DD) 00/02/10		42d. TOTAL CONTAINERS	

AUTHORIZED FOR LOCAL REPRODUCTION

Attachment 6

STANDARD FORM 1449 (10-95)
Prescribed by GSA
FAR (48 CFR) 53.212

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>				1. REQUISITION NUMBER		PAGE OF			
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER			
7. FOR SOLICITATION INFORMATION CALL		a. NAME		b. TELEPHONE NUMBER (No Collect Calls)		8. OFFER DUE DATE/LOCAL TIME			
9. ISSUED BY		CODE		10. THIS ACQUISITION IS		11. DELIVERY FOR FOB			
SAMPLE				<input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: %FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADV. BUSINESS <input type="checkbox"/> B(A) SIC: 5045 SIZE STANDARD:		DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE <input checked="" type="checkbox"/> 13 a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13 b. RATING S10 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
								12. DISCOUNT TERMS	
								00.000%	
								Days 0 Net 30	
15. DELIVER TO		CODE		10. ADMINISTERED BY		CODE			
USACHL&MPCEN&FM Internal Review & Audit Com ATTN: ATZN-IR, Bldg 65 Fort McClellan AL 36205-5000		FM00065B		USACHL&MPCEN&FM Directorate of Contracting ATZN-DC, Bldg. 241C Fort McClellan AL 36205-5000		DABT02			
17 a. CONTRACTOR/ OFFEROR		CODE		FACILITY CODE		18 a. PAYMENT WILL BE MADE BY			
NITELINES USA INC 1205 Commercial Park Drive Tallahassee FL 32303		0001252				DFAS-ROME /FPV 325 BROOKS ROAD Phone: 800-553-0527 ROME, NY 13441-4527			
TELEPHONE NO. 904-386-1493						CODE D01088			
<input type="checkbox"/> 17 b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18 b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18 a. UNLESS BLOCK BELOW IS CHECKED <input checked="" type="checkbox"/> SEE ADDENDUM					
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/ SERVICES		21. QUANTITY		22. UNIT			
		(Attach additional sheets as necessary)							
						23. UNIT PRICE			
						24. AMOUNT			
25. ACCOUNTING AND APPROPRIATION DATA				Award Oblig Amt US\$		26. TOTAL AWARD AMOUNT			
				0.00					
27 a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED.				ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED					
27 b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED.				ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED					
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				29. AWARD OF CONTRACT: REFERENCE OFFER DATED YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:					
30 a. SIGNATURE OF OFFEROR/CONTRACTOR				31 a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)					
30 b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30 c. DATE SIGNED		31 b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)		31 c. DATE SIGNED			
				Diane C. Israel m04					
32 a. QUANTITY IN COLUMN 21 HAS BEEN				33. SHIP NUMBER		34. VOUCHER NUMBER			
<input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED				<input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL		35. AMOUNT VERIFIED CORRECT FOR			
32 b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE		32 c. DATE		36. PAYMENT		37. CHECK NUMBER			
John Doe (Chief Pol/Supply Div) 910-445-5555		2/10/00		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL					
41 a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT				38. S/R ACCOUNT NUMBER		39. S/R VOUCHER NUMBER			
41 b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				41 c. DATE		40. PAID BY			
				42a. RECEIVED BY (Print) Michael Myers					
				42b. RECEIVED AT (Location)					
				42c. DATE REC'D (YY/MM/DD) 00/02/03		42d. TOTAL CONTAINERS			

AUTHORIZED FOR LOCAL REPRODUCTION

Attachment 7

STANDARD FORM 1449 (10-95)
Prescribed by GSA
FAR (48 CFR) 53.212

DEFENSE FINANCE AND ACCOUNTING SERVICE
ROME OPERATING LOCATION
325 BROOKS ROAD
ROME, NEW YORK 13441-4527

T/L Number _____

Defense Finance and Accounting Service

MEMORANDUM FOR:

Subject: Receiving Report Requirements:

Contract Number/Purchase Order Number _____

All documents used to provide certification of receipt and acceptance of goods/services must meet the minimum requirements.

We are returning your receiving report for the reason(s) indicated below:

- a. ____ Contract Number/Purchase Order Number is missing.
 - b. ____ Adequate description of supplies delivered or services performed and CLIN number must be specified.
 - c. ____ Specify quantities received or services performed and accepted. When using DD Form 250 blocks 15,16,17,18,19,20,21B and 22 must be completed.
 - d. ____ Missing date supplies delivered or services performed, **receipt date**.
 - e. ____ Missing date supplies or services were accepted by the designated government official, **acceptance date**.
 - f. ____ Missing signature of designated government official responsible for acceptance.
 - g. ____ Missing printed name, title, mailing address, and telephone number of approving official.
- ____ 1) Form DD 1155: Printed name, telephone number, title, and signature in block 26 of authorized government official and check received and acceptance blocks; block 27 (**check partial or final**) and complete blocks 38, and 39.

___ 2) SF 1449: Block 32a (**check received and acceptance blocks**); block 32b (**printed name, telephone number, title, and signature**) of official authorized to accept supplies/services; block 32c (**date supplies/services accepted**); block 33 (**check partial/final**); 42a (**printed name of receiver**); 42c (**date supplies/services received**).

___ 3) DD Form 250: Block 13 (**shipped-to-address**); block 15 (**line item take from contract order/purchase order**); block 16 (**item description**); block 17 (**quantity received**); block 18 (**unit**); block 19 (**unit price**); block 20 (**amount**); block 21B (**printed name, telephone number, title, date and signature of authorized government official**); block 22 (**printed name and date received goods/services of government official authorized to receive goods/services**).

h. ___ If the contract/purchase order provides for use of Government Certified Invoices in lieu of a separate receiving report, invoice must contain the information described in **a-g** above as a minimum requirement and must state ("**I certify that the goods/services have been received and accepted on (day, month, year).**")

i. ___ Documents are returned due to improper alterations (**i.e. white out; taping; cutting and pasting, etc.**). Drawing a line through the incorrect information makes a proper revision to a hard copy document. The drawn line should not obliterate the original data. The individual making the change must initial revisions.

Please make required corrections and return document(s) to:

Defense Finance and Accounting Service-Rome
DFAS-RO/FPV
325 Brooks Road
Rome, New York 13441-4527

For more information or questions related to this memorandum, contact the Vendor Pay Customer Service department at 1-800-553-0527

Thank you for your immediate attention.

/s/

Anne Bell
Branch Chief, Vendor Pay

Enclosure:

<u>Installation:</u>	<u>POC</u>	<u>Phone:</u>	<u>Email:</u>
FORSCOM	Debra Cornelius	315-330-6802	debra.cornelius@dfas.mil
	Gloria Gaudreau	315-330-6822	gloria.gaudreau@dfas.mil
BMW/ TRADOC	Erwin Shepphard	315-330-6801	erwin.shepphard@dfas.mil
	Christine Randle	315-330-6901	chris.randle@dfas.mil
Misc Pay	Roger Stanley	315-330-6831	roger.stanley@dfas.mil
	Lani Tarbania	315-330-6829	lani.tarbania@dfas.mil
Training	Linda Reese	315-330-6837	linda.reese@dfas.mil
	Kelly Grooms	315-330-6835	kelly.grooms@dfas.mil
Branch Chief,VP	Anne Bell	315-330-6881	anne.bell@dfas.mil
Accountant	Jeff Ferguson	315-330-6884	jeffrey.ferguson@dfas.mil